

FACILITY NAME AND PERMIT NUMBER

Staunton River High School WWTP VA0063738

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A BASIC APPLICATION INFORMATION FOR ALL APPLICANTS

All treatment works must complete questions A.1 through A.8 of this Basic Application information packet

A 1 Facility Information

Facility name Staunton River High School WWTPMailing Address 310 Bridge Street
Bedford VA 24523Contact person Mr. Dennis OverstreetTitle Maintenance SupervisorTelephone number (540) 586 1045Facility Address 1 Golden Eagle Drive
(not P O Box) Moneta VA 24121

A 2 Applicant Information If the applicant is different from the above provide the following

Applicant name Bedford County Public Service AuthorityMailing Address 1723 Falling Creek Road
Bedford VA 24523Contact person Elmer HandyTitle Operations ManagerTelephone number (540) 586-7679

Is the applicant the owner or operator (or both) of the treatment works?

☐ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant

☒ facility ☒ applicant

A 3 Existing Environmental Permits Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state issued permits)

NPDES VA 0063738

PSD _____

UIC _____

Other _____

RCRA _____

Other _____

A 4 Collection System Information Provide information on municipalities and areas served by the facility Provide the name and population of each entity and if known provide information on the type of collection system (combined vs separate) and its ownership (municipal private etc)

Name	Population Served	Type of Collection System	Ownership
<u>Staunton River HS</u>	<u>1250</u>	<u>Sanitary Sewer</u>	<u>School Board</u>
_____	_____	_____	_____
_____	_____	_____	_____

Total population served 1250

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A 5 Indian Country

- a Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

- A 6 Flow Indicate the design flow rate of the treatment plant (i.e. the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12 month time period with the 12th month of this year occurring no more than three months prior to this application submittal.

- a Design flow rate
- 0256
- mgd

Two Years AgoLast YearThis Year

- b Annual average daily flow rate
- 0083est
- 0083est
- 0083est
- mgd

- c Maximum daily flow rate
- 0083est
- 0083est
- 0083est
- mgd

- A 7 Collection System Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %
☐ Combined storm and sanitary sewer _____ %

A 8 Discharges and Other Disposal Methods

- a Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses.

- | | |
|---|------------|
| i Discharges of treated effluent | <u>One</u> |
| ii Discharges of untreated or partially treated effluent | _____ |
| iii Combined sewer overflow points | _____ |
| iv Constructed emergency overflows (prior to the headworks) | _____ |
| v Other _____ | _____ |

- b Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each surface impoundment:

Location _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

- c Does the treatment works land apply treated wastewater?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each land application site:

Location _____

Number of acres _____

Annual average daily volume applied to site _____ Mgd

Is land application _____ continuous or _____ intermittent?

- d Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?
- ☐
- Yes
- ☒
- No

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If yes describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g. tank truck, pipe)

If transport is by a party other than the applicant provide

Transporter name

Mailing Address

Contact person

Title

Telephone number

For each treatment works that receives this discharge provide the following

Name

Mailing Address

Contact person

Title

Telephone number

If known provide the NPDES permit number of the treatment works that receives this discharge

Provide the average daily flow rate from the treatment works into the receiving facility

mgd

- e Does the treatment works discharge or dispose of its wastewater in a manner not included in A 8 a through A 8 d above (e.g. underground percolation, well injection)?

Yes

No

If yes provide the following for each disposal method

Description of method (including location and size of site(s) if applicable)

Annual daily volume disposed of by this method

Is disposal through this method

continuous or

intermittent?

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WASTEWATER DISCHARGES

If you answered **yes** to question A 8 a, complete questions A 9 through A 12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered **no** to question A 8 a, go to Part B. Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd.

A 9 Description of Outfall

- a Outfall number 1
- b Location 1 Golden Eagle Drive, Bedford, VA 24523
(City or town, if applicable) (Zip Code)
Bedford VA
(County) (State)
37 2426 79 6275
(Latitude) (Longitude)
- c Distance from shore (if applicable) N/A ft
- d Depth below surface (if applicable) N/A ft
- e Average daily flow rate 0083est mgd
- f Does this outfall have either an intermittent or a periodic discharge? ☒ Yes ☐ No (go to A 9 g)
- If yes, provide the following information:
- Number of times per year discharge occurs Unknown
- Average duration of each discharge Unknown
- Average flow per discharge 0083est mgd
- Months in which discharge occurs January December
- g Is outfall equipped with a diffuser? ☐ Yes ☒ No

A 10 Description of Receiving Waters

- a Name of receiving water UT Shoulder Run
- b Name of watershed (if known) Roanoke River
- United States Soil Conservation Service 14 digit watershed code (if known) Unknown
- c Name of State Management/River Basin (if known) Unknown
- United States Geological Survey 8 digit hydrologic cataloging unit code (if known) Unknown
- d Critical low flow of receiving stream (if applicable)
acute Unknown cfs chronic Unknown cfs
- e Total hardness of receiving stream at critical low flow (if applicable) Unknown mg/l of CaCO₃

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A 11 Description of Treatment

- a What levels of treatment are provided? Check all that apply

☒ Primary ☐ Secondary
☐ Advanced ☐ Other Describe _____

- b Indicate the following removal rates (as applicable)

Design BOD₅ removal or Design CBOD₅ removal 85 %
 Design SS removal 85 %
 Design P removal N/A %
 Design N removal Unknown %
 Other _____ %

- c What type of disinfection is used for the effluent from this outfall? If disinfection varies by season please describe

Chlorination

If disinfection is by chlorination is dechlorination used for this outfall?

☒ Yes ☐ No

- d Does the treatment plant have post aeration?

☒ Yes ☐ No

A 12 Effluent Testing Information All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged Do not include information on combined sewer overflows in this section All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods In addition this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136 At a minimum effluent testing data must be based on at least three samples and must be no more than four and one half years apart

Outfall number 1

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.0	s u			
pH (Maximum)	8.8	s u			
Flow Rate	0083	mgd(est)	0083	mgd(est)	539
Temperature (Winter)	17.4	deg Celcius	12.36	deg Celcius	139
Temperature (Summer)	27.1	deg Celcius	21.53	deg Celcius	34

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc	Units	Conc	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD 5	19	mgd	4.16	mg/l	38	SM5210B	38
	CBOD 5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FECAL COLIFORM		N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL SUSPENDED SOLIDS (TSS)		24	mgd	5.72	mg/l	38	SM2540D	38

END OF PART A

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER

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Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting

- ☒ Basic Application Information packet ☐ Supplemental Application Information packet
- ☐ Part D (Expanded Effluent Testing Data)
- ☐ Part E (Toxicity Testing, Biomonitoring Data)
- ☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)
- ☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

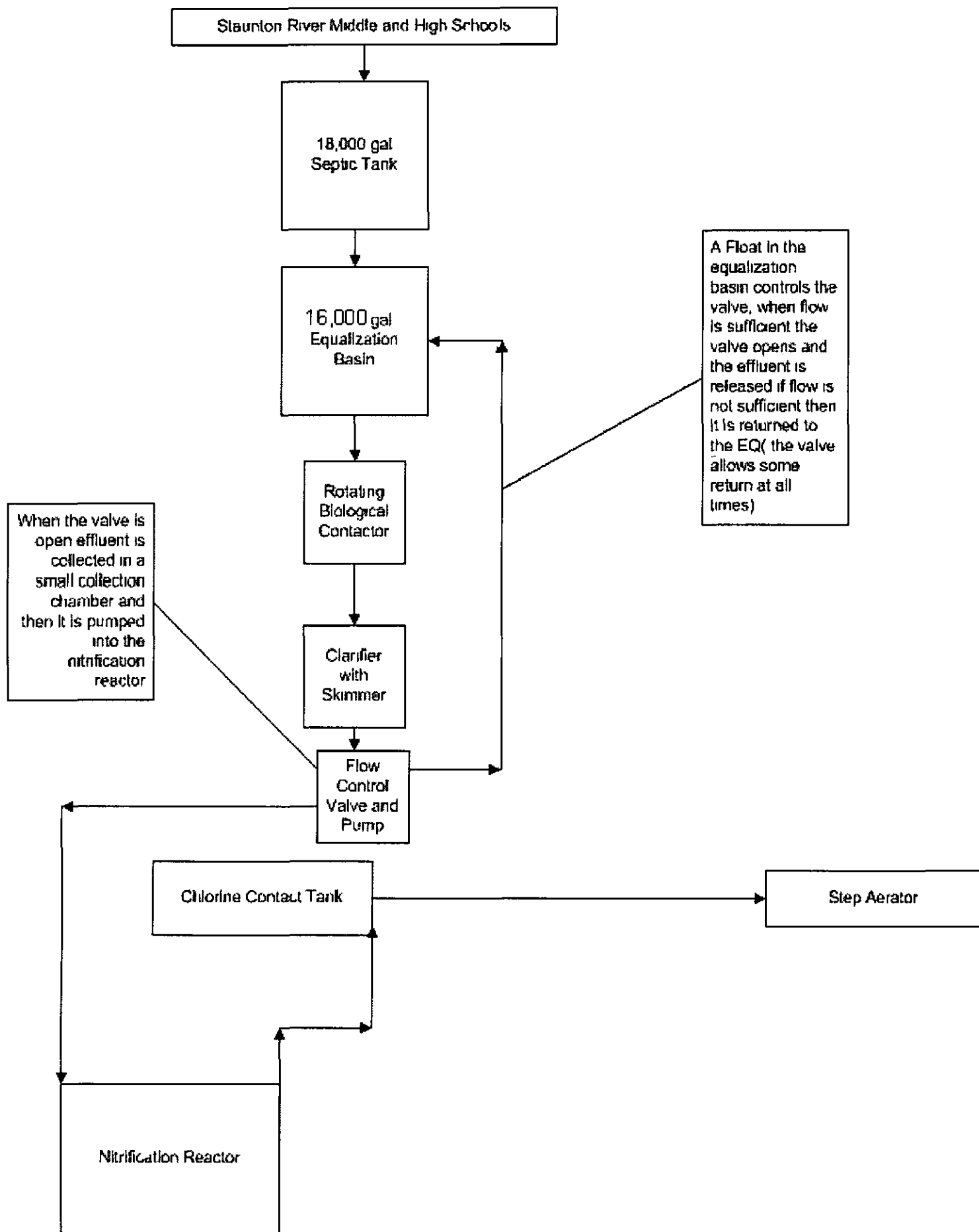
Name and official title Elmer Handy Operations ManagerSignature Telephone number (540) 586 7679Date signed 9-25-09

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO



Flow Diagram for Staunton River WWTP

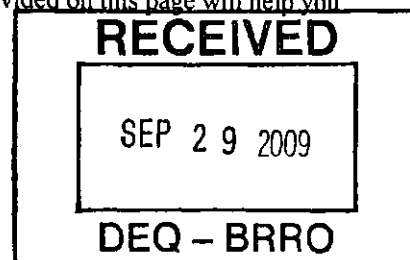


FACILITY NAME Staunton River WWTPVPDES PERMIT NUMBER VA 00063738

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into four sections. Section A pertains to all applicants. The applicability of Sections B, C and D depends on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.



1 All applicants must complete Section A (General Information)

2 Does this facility generate sewage sludge? ☒ Yes ☐ No

Does this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered "Yes" to either, complete Section B (Generation Of Sewage Sludge or Preparation Of A Material Derived From Sewage Sludge)

3 Does this facility apply sewage sludge to the land? ☐ Yes ☒ No

Is sewage sludge from this facility applied to the land? ☐ Yes ☒ No

If you answer "No" to all above, skip Section C

If you answered "Yes" to either, answer the following three questions

a Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
☐ Yes ☐ No

b Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land?
☐ Yes ☐ No

c Is sewage sludge from this facility sent to another facility for treatment or blending? ☐ Yes ☐ No

If you answered "No" to all three, complete Section C (Land Application Of Bulk Sewage Sludge)

If you answered "Yes" to a, b or c, skip Section C

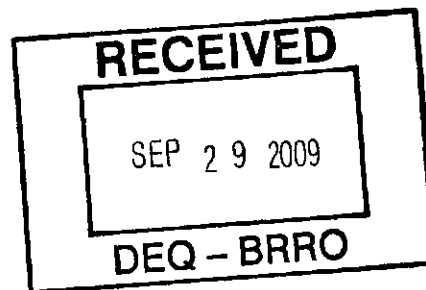
4 Do you own or operate a surface disposal site? ☐ Yes ☐ No

If "Yes", complete Section D (Surface Disposal)

SECTION A GENERAL INFORMATION

*All applicants must complete this section***1 Facility Information**

- a Facility name Staunton River High School WWTP
- b Contact person Mr Dennis Overstreet
Title Director of Maintenance
Phone (540) 586-1045 ext 237
- c Mailing address P O Box 748
Street or P O Box 310 Bridge Street
City or Town Bedford State VA Zip 24523
- d Facility location
Street or Route # 1 Golden Eagle Drive
County Bedford
City or Town Moneta State VA Zip 24121
- e Is this facility a Class I sludge management facility? ☐ Yes ☒ No
- f Facility design flow rate 025 mgd
- g Total population served 1250
- h Indicate the type of facility
☒ Publicly owned treatment works (POTW)
☐ Privately owned treatment works
☐ Federally owned treatment works
☐ Blending or treatment operation
☐ Surface disposal site
☐ Other (describe) _____

**2 Applicant Information** If the applicant is different from the above, provide the following

- a Applicant name Bedford County PSA
- b Mailing address 1723 Falling Creek Road
Street or P O Box Same as Above
City or Town Bedford State VA Zip 24523
- c Contact person Mr Elmer Handy
Title Operations Manager
Phone (540) 586-7679 ext 103
- d Is the applicant the owner or operator (or both) of this facility?
☐ owner ☒ operator
- e Should correspondence regarding this permit be directed to the facility or the applicant?
☐ facility ☒ applicant

3 Permit Information

- a Facility's VPDES permit number (if applicable) VA 00063738
- b List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices

Permit Number	Type of Permit
_____	_____
_____	_____

FACILITY NAME Staunton River WWTPVPDES PERMIT NUMBER VA 00063738

- 4 **Indian Country** Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? Yes x No If "Yes", describe

- 5 **Topographic Map** Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information Maps should include the area one mile beyond all property boundaries of the facility

- a Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed
b Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries

- 6 **Line Drawing** Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction

- 7 **Contractor Information** Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? x Yes No

If "Yes", provide the following for each contractor (attach additional pages if necessary)

Name Bedford Septic Service

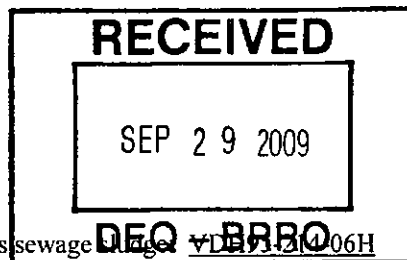
Mailing address 5914 Big Island Highway

Street or P O Box 5914 Big Island Highway

City or Town Bedford State VA Zip 24523

Phone (540) 587-5914

Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge management VA 00063738



If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s)

- 8 **Pollutant Concentrations** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq for this facility's expected use or disposal practices All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

- 9 **Certification** Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting.

 x Section A (General Information)

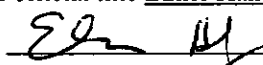
 Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

 Section C (Land Application of Bulk Sewage Sludge)

 Section D (Surface Disposal)

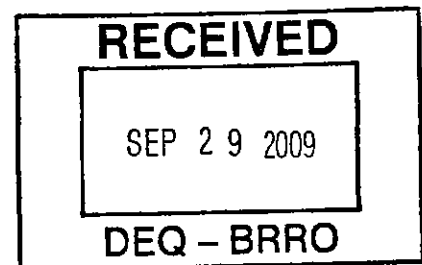
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Name and official title Elmer Handy Operations Manager

Signature  Date Signed 9-25-09

Telephone number (540) 586-7679 ext 103

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.



PUBLIC NOTICE BILLING INFORMATION FORM

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9 VAC 25-31-290 C 2.

Agent/Department to be billed: Bedford County Public Service Authority

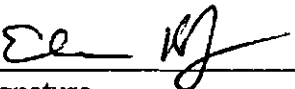
Owner: Bedford County Public Schools

Applicant's Address: 310 Bridge Street
Bedford, VA 24523

Agent's Telephone No: (540) 586-7679 ext 103



Authorizing Agent



Signature

Elmer Handy

Printed Name

Operations Manager

Title

Facility Name: Staunton River High School STP
Permit No: VA0063738

Please return to

Susan K Edwards
DEQ BRRO-Roanoke
3019 Peters Creek Road
Roanoke, VA 24019
susan.edwards@deq.virginia.gov